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ABSTRACT

This report consists primarily of an executive summary of the findings of a study undertaken from July 1974 to September 1975 by Kirschner Associates, Inc., for the Office of Child Development, Department of Health, Education and Welfare, in order to assess the overall effectiveness of the Project Head Start Training and Technical Assistance Program (T/TA). The study addresses itself to the following questions: Are the Head Start objectives formulations, policy and guidance development, need assessment processes, T/TA planning, provider selection process, quality controls and the evaluation system all appropriate and effective? How effective is the T/TA delivery system? What is the quality of T/TA and what are its effects? Also included: a brief explanation of the methodology of the study, a short discussion of the advantages and disadvantages of directly funding local programs so they can purchase their own T/TA, and recommendations for change or improvement in all the aforementioned areas. (MS)

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FINAL REPORT

Volume II

TO EVALUATE THE OVERALL EFFECTIVENESS OF PROJECT HEAD START TRAINING AND TECHNICAL ASSISTANCE PROGRAMS (Nationally)

Contract No. HEW-105-74-1112

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INTRODUCTION

Volume II consists of two parts:

page

- an Executive Summary of the Findings and Conclusions contained in Chapter III of Volume I as well as a brief explanation of the methodology of the study, which is detailed in Chapter II of Volume I 1

- the full text of Chapter IV in Volume I, Recommendations 21

EXECUTIVE SUMMARY

I. INTRODUCTION

This study was undertaken from July 1974 to September 1975 by Kirschner Associates, Inc. for the Office of Child Development, Department of Health, Education, and Welfare, Washington, D.C., under Contract No. HEW-105-74-1112. The purpose of the project was to assess the overall effectiveness of the Project Head Start Training and Technical Assistance (T/TA) Program. The project scope was defined by the following set of topical questions:

Statement of Purpose of the Project
(in terms of T/TA topics and questions)

M. Management of T/TA

- M1. Are appropriate and effective Head Start objectives formulated?
- M2. Is appropriate and effective policy and guidance developed?
- M3. Are appropriate and effective processes followed to assess needs and devise T/TA plans accordingly?
- M4. Is an appropriate and effective T/TA provider selection process in place?
- M5. Are appropriate and effective quality controls exercised, e.g., reporting and monitoring?
- M6. Is an appropriate and effective evaluation system being implemented?

D. Delivery of T/TA

- D1. How satisfied are the consumers with T/TA dollars available?
- D2. How effectively are resources used in T/TA service delivery?
- D3. How effectively are other supportive resources being utilized?
- D4. How equitably is T/TA distributed among target groups?
- D5. How effectively are content areas being covered?
- D6. How effectively are special content areas, i.e., nutrition, psychological services, and handicapped needs, being addressed?

E. Excellence of T/TA

- E1. Is the T/TA of high quality?
- E2. What effects does the T/TA bring about?

Special Section

- DF. Are there advantages to directly-funding local programs so that they can purchase their own T/TA?

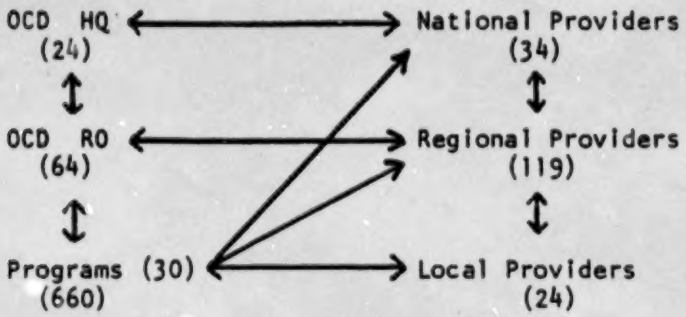
One additional question was developed during the study concerning the issues of "direct funding" of local grantees to permit their own purchase of T/TA services; this question was also addressed. Answering these questions encompassed the requirements of the contract and, therefore, created the basis for the project.

II. METHODOLOGY

In order to carry out this study, KAI staff devised a methodology approach involving a comparative analysis on the topical questions of the national, regional, and local levels of Head Start T/TA activity (vertical) and then a comparison on each level of the viewpoints of both consumers and providers of T/TA (horizontal). This approach involved the interviewing of OCD Headquarters and Regional Office personnel and, at the local level, directors, staff, parents and community leaders associated with sampled programs. Simultaneously, at each level providers of T/TA were interviewed. A total of nearly 1,000 personal interviews were conducted.

At the national level, 24 OCD officials and 34 T/TA provider staff (from nine organizations) were sampled. At the regional level, 64 OCD staff (an average of almost six for each regional office) and 119 T/TA provider staff were surveyed. (The "provider staff" consisted of both project directors and staff and came from two different sample groups. Group one consisted of 42 representatives of the RTO/STO network interviewed in ten regions; Group Two was comprised of 77 various regional providers, representing private contractors, universities, as well as, again, the RTO/STO network, who were interviewed in the seven case study regions only. Those constituting Group Two were selected because of their provision of T/TA to the local programs that were part of this T/TA evaluation). At the local level, programs were chosen to be part of the sample according to pre-determined criteria. A first cut at selection yielded 70 programs. After conducting telephone interviews with the program directors of each of these, a second cut at selection was made, resulting in the final 30 local programs that were spread across the seven case study regions (each of which had been chosen as components of a purposive sample representing the various types of regional T/TA systems). Then 428 directors, staff and parents, 162 community leaders, and 24 local providers were interviewed.

Schematically, this comparative analysis approach, with both vertical and horizontal dimensions, would appear as follows. (Numbers within parentheses represent interviews conducted.)



The data collection plan for this approach was carried out by KAI Project Staff using field-tested structured interview guides and questionnaires. In addition, KAI staff studied numerous policy statements from OCD Headquarters, Regional Office T/TA Plans, and other documents. Where appropriate, information from these sources was integrated with that data collected through interviews. However, the major foundation on which the study was structured was data collected by the interviewing process.

III. FINDINGS AND CONCLUSIONS

The findings and conclusions of this study are presented here in the same sequence of topical questions listed above, i.e., according to the three major subjects of management, delivery, and excellence of Head Start training and technical assistance.

Management of T/TA

M1. The annual Head Start national objectives exert significant impact on the T/TA program. This is especially true since the annual T/TA planning process at the national, regional, and to a lesser extent, local levels, addresses the requirements of these objectives. In

examining the process of formulating national objectives, we concentrated on interviewing senior officials at the national and regional OCD offices, including those persons directly involved in managing T/TA activity (e.g., CDTA personnel at Headquarters or PR&R Specialists in the Regional Offices). We found that great confusion exists among these staff as to who is involved in establishing these objectives and what process is followed in their formulating. We could not identify a prescribed formal process for this activity, but did find ad hoc mechanisms which operate through a variety of informal information networks.

Apparently, there is no clear mechanism for incorporating input from the local level into the process of national objective formulation. This lack inhibits the National Office from formulating new objectives for local programs that would be appropriate for national focus and also from knowing the local capacity to absorb new thrusts before current ones have been achieved. We encountered considerable sentiment for increasing the amount of local level input.

Another issue concerning the formulation of national objectives that surfaced was the problem of timing, i.e., frequently objectives are established too late in the year to be efficiently and effectively integrated into T/TA planning process. Regional Office personnel interviewed were especially concerned about this issue in that their T/TA plans must be begun each year before they know definitely the national objectives.

We asked National and Regional Office personnel to rate their success in achieving the FY '74 objectives. Those objectives which were rated as being most successfully achieved, e.g., 10% enrollment opportunity for the handicapped, and compliance with the performance standards, were also the ones most clearly understood and backed by well-defined policy statements. This fact suggests that T/TA will have its biggest impact in implementing national objectives when those objectives are well thought-out and effectively articulated.

Conversely, if the objectives are not well-conceived and communicated then T/TA will not be of much help in accomplishing them.

M2. The training and technical assistance program is dependent on policy and guidance issued by OCD because it both defines the situational context in which T/TA is delivered and the actual T/TA activity. An example is the T/TA Planning Guidance for Regional Offices that is prepared each year by the National Office. In years past, the guidance has required excessive amounts of information from the regions. Apparently, this burden on regional T/TA personnel was a means by which the OCD Headquarters collected data on the national status of Head Start; the various T/TA planning systems were called upon to fill the void caused by the lack of a comprehensive national data collection system. The FY '76 Planning Policy simplified the requirements for the Annual Regional Office T/TA Plan. These streamlined requirements for the Plans seem to solve many of the problems in the process, e.g., level of specificity and formating of information, that were discovered in our interviewing Regional Office staff. One other related problem was that of timing. Frequently, the instructions for Regional T/TA Plans come out before the national objectives have been finalized, thereby making it difficult for the regions to develop their Plans in an efficient and effective way.

Another dimension of the relationship between Headquarters and the Regional Offices on this subject that we noted was a feeling expressed by some central office officials that regional staff may not be doing a thorough planning job. This finding is noteworthy in that the planning process was supposedly decentralized a couple of years ago and still the national officials are reacting as though the planning authority has not truly been delegated. This phenomenon is perceived by regional personnel and probably accounts, at least in part, for their resistance to the planning requirements. It is very plausible

that this tension is creating good effects, however, because as will be discussed subsequently in this Summary, there are abundant indications that good T/TA is being delivered to grantees through the regional provider network.

Still another problem involving the T/TA planning processes mandated by OCD policy and guidance for the Regional Offices is that of insufficient manpower. Regional staff believe they do not have the number and kind of staff resources to respond to the National Office request for T/TA Plans in the time frame allowed. This shortage becomes even more critical when Regional Offices attempt to meet other, often concurrent, needs imposed by the central office.

The one example of policy and guidance considered here, that involving T/TA planning, was the most pertinent one as far as our evaluation was concerned. Other policy and guidance issues that we enountered were a lack of definition of compliance with the performance standards, and such things as nepotism, facility repairs, etc. If the long-awaited revised Head Start Manual could be finalized, presumably these other issues would be addressed.

M3. The issues of the Annual T/TA Plan which each Regional Office must submit leads to another, broader issue about which KAI uncovered information -- the coordination between and among staff and providers at the national, regional, and local levels regarding T/TA planning. National Office respondents were conscious of the tension that has surfaced in the past several years between them and Regional Office staff. The Headquarters officials, on a five-point scale of "excellent, very good, good, fair, and poor," tended to rate their coordination with the Regional Offices as very good, while the regional personnel, in turn, rated the coordination between themselves and Headquarters generally as fair. Conversely, the Regional Officials tended to rate their coordination with the local programs as very good, whereas of the local program personnel only a bare majority (53.7%) rated the

coordination between themselves and their Regional Office positively (i.e., excellent, very good, or good.). This phenomenon is probably explainable to some degree by managers believing they are doing an effective job (perhaps more effective than may be the case) of managing and by those being managed not giving sufficient credit to those responsible for managing them. Granting either explanation to be applicable, the conclusion can still be drawn that that National Office apparently can do better vis-a-vis the Regional Offices and the Regional Offices apparently can do better vis-a-vis the local programs in terms of coordination for T/TA planning.

The national, regional, and local providers all gave themselves very positive marks (i.e., excellent or very good) on coordination with the appropriate national, regional, and local level Head Start people. In order to get a second indicator about coordination regarding T/TA planning, all the providers were asked if they had to submit a workplan to their respective national, regional, or local employer. Answering "yes" were 64.7% of the national providers, 93.0% of the RTO/STO network, 92.2% of the various regional providers, and 97.5% of the local providers. These percentages tend to confirm the testimony of the providers that they coordinate very well with their employer on T/TA planning. The only notable exception is with the national providers, less than two-thirds of whom said they had an obligation to submit a T/TA workplan to the central office.

All respondents in our study were asked to rate the effectiveness of the T/TA needs assessment and planning process (needs assessment being an integral and essential part of any T/TA planning). At the national level, OCD respondents generally reported their role as being limited to after-the-fact collection of data from the regional and local sources and to a quality-control function. They collectively tended to say that the processes at the regional and local levels were only "fair."

The national providers, on the other hand, reported having a much larger role in these processes; and their rating of process effectiveness was 79.5% positive (i.e., excellent, very good, or good). A dramatic divergence of opinion regarding T/TA needs assessment and planning functions thus emerges between OCD Headquarters staff and national providers.

Regional Office interviewees usually reported their roles in these processes as primary; and their ratings of process effectiveness were 81.0% positive. The various regional providers generally said that their role in needs assessment and T/TA planning was also primary or critical; and their ratings of the process effectiveness were 93.6% positive. These findings show a much closer perception of things by staff and providers at the regional level than was manifest at the national level. They also indicate that regional providers interviewed tended to rate the effectiveness of needs assessment and planning for T/TA more highly than Regional Office staff. By virtue of their roles, regional providers probably have a greater stake in giving favorable answers.

At the local level, those directors, staff, and parents surveyed tended to describe their role in these processes as critical; their ratings on process effectiveness were 77.3% positive (excellent, very good, good). By comparison, the local providers also tended to count their role in these needs assessment and T/TA planning processes as critical; and their ratings were 70.8% positive, somewhat lower than those given by respondents directly associated with the local programs sampled, yet still indicative of a rather closely parallel viewpoint. Interestingly, regional providers' ratings of the processes were <u>higher</u> than regional staff, whereas local providers' ratings were <u>lower</u> than local program respondents. In both cases, however, the differential seems minor compared to that observed at the national level between OCD officials and T/TA providers.

Information was also gathered on the criteria used in the assessing and prioritizing of needs for T/TA planning. Performance standards and national objectives were mentioned most often by national providers and Regional Office staff; regional and local objectives, by the various regional providers; and parent, staff, and community needs, as well as local objectives, by both the local provider and program respondents. At the local level less emphasis was noticed on national or regional objectives and more emphasis was seen on the needs of parents, staff, and the community as well as on local objectives.

M4. Because provider selection is another indicator of T/TA management, KAI staff sought data on this issue. National and Regional Office staff detailed the process of contracts and grants utilized for provider selection and collectively rated the selection processes quite positively 80.0% (National Office) and 88.8% (Regional Office). Regional respondents were somewhat more positive than national ones on this item.

At the local level, one of the most significant findings was that approximately 70.0% of all those interviewed were unaware of how their Regional Office selected T/TA providers. The size of this majority suggests that local interviewees are accorded little chance for input into the selection process for providers that will serve them ultimately. This finding may help explain why a bare majority (53.7%) of local respondents rated the cooperation between their Regional Offices and themselves positively (i.e., excellent, very good, good). Among those local level persons who were familiar with the process employed by the Regional Office, 83.0% rated it positively. More importantly, a bi-variate analysis showed that those local level respondents familiar with how the Regional Office chooses its providers tended to be more satisfied overall with their T/TA than those unfamiliar with Regional Office processes.

M5. The next topic addressed was control of providers through reporting, monitoring, and coordinating mechanisms after they have been selected. At the national level, the OCD staff interviewed generally reported that their processes for controlling T/TA providers were very good to excellent. However, data obtained from the providers themselves showed that less than two-thirds of them (at most) submitted an initial T/TA work plan and only about half of them reported on their work progress to the National Office.

At the regional level 95.0% of the members of the RTO/STO network who were interviewed said they submitted reports on their T/TA activity to their Regional Office, as did about 70.0% of the various regional providers sampled. Couple this with the other finding, cited earlier, that 93.0% and 92.0% of these two groups of regional providers, respectively, submitted initial T/TA work plans, and it becomes evident that there seems to be considerably more provider control exercised at the regional level than at the national level.

The picture changes dramatically again, however, when focusing on the local level. Only one-half of the local program personnel interviewed said they submitted any kind of progress report and, of those, only 17.0% specified to the Regional Office. Only 75.0% of the local providers said they submitted any kind of report (vs. 91.2% of national providers and 90.0% (approximately) for regional providers) and only 42.0% specified to the Regional Office. It is, of course, plausible to say that local program personnel and providers, particularly those who are direct-funded and therefore are responsible for buying their own T/TA, need not necessarily report to their Regional Office about their T/TA activity. It is also important to point out that the data suggests that local program personnel and providers do quite a bit of reporting to others besides the Regional Office, e.g., grantee boards. Neither of these factors entirely wipe away the impression created by these data, however, that local T/TA apparently is not as closely controlled as regional according to our samples.

All things considered, the control of providers as evidenced by procedures such as work plans and reporting seems to be strongest at the regional level. Also, across the national, regional, and local levels, there seems to be no

great consistency of reporting procedures or frequencies. This finding leads to the issue of monitoring. Few, if any, regions seemed to have in place a monitoring system that would integrate with and feed into a comprehensive management information system (MIS) that would benefit both the individual regions and the central office by providing current data on T/TA accomplishments, activities, and needs. This type of a system, implemented on an on-going basis, would greatly facilitate the planning processes for T/TA each year and would allow Head Start officials to have available to them at any time a "state of the system" retrieval.

Given the data on how stringently the regions control their providers by means of work plans and reports (compared to the national and local levels), many regions obviously have the makings of such a management information system. What is lacking is a unity of all the actual and potential parts from the individual regions. This issue, therefore, seems to be one that requires great attention for the overall operations of the Head Start T/TA program to improve.

M6. After considering how T/TA is controlled during the period of its being given to consumers, KAI then focused on how it is evaluated. The note struck above about lack of consistency (in regard to reporting procedures) is the appropriate one to center on again by way of introducing this topic. On all three levels, national, regional, and local, there seemed to be widely divergent practices regarding evaluation.

On the national level, OCD Headquarters respondents generally reported that there was no uniform evaluation system in place and that as a result individual project officers or divisions (e.g., CDTA, PD&I) determined what sort of evaluation would be carried out. National providers tended to confirm that this is the case. A very large number of them, however, (94,0%) do evaluate their work in one way or another, whether or not they are obligated to conform to a particular set of evaluation requirements by OCD Headquarters.

At the regional level, 80.0% of the Regional Office staff interviewed reported that some sort of evaluation system exists, but, as was true on the national level, the system is not uniform from one region to the next. Over 90.0%

of all regional providers sampled (i.e., 97.0% of the RTO/STO network members and 92.2% of the various regional providers) reported carrying out some sort of evaluation, be it through reports of the consumers, third-party observation, etc. One noteworthy piece of information uncovered on this subject was that 87.0% of the regional providers sampled conduct written evaluations, as opposed to only 53.0% of the national providers. This information is an additional indication that regional providers are more closely managed than their national counterparts.

As far as the local level is concerned, 64.0% of the program people and 75.0% of the providers said they carry out some sort of evaluation. Only 47.0% of the local providers said they submitted written evaluations; in contrast with the regional level, evaluation at the local level tends to be more verbal than written. There also seems to be much the same diversity of evaluation approach at the local level as was found nationally. A bivariate analysis of local level evaluation data showed that those program personnel who carry out an evaluation tend to be more satisfied with and perceive a greater impact from their total T/TA received than those who do not evaluate their T/TA.

In short, most respondents carried out some kind of evaluation, but there apparently is no clear-cut overall system in place at either the national level, across all regions, or at the local level that integrates all the discrete evaluation efforts.

Delivery of T/TA

D1. Initially, on the subject of delivery of T/TA, the persons interviewed at the local program sites were asked whether or not they were satisfied with the T/TA dollars available to them. The majority said they were not satisfied and 80.0% of them reported that they would like more T/TA money if they could have it. This data suggests an underlying sentiment that T/TA being delivered to local program respondents is probably beneficial and hence they wish it were possible to get more in order to address their other current unmet T/TA needs. Of the 30 programs sampled, nine received direct-funding monies (PA 20) to purchase

their own T/TA. The other 21 programs visited were asked this same question but answered it from a more indirect perspective, i.e., as recipients of T/TA from national, regional, and state providers offered to them.

D2. To get more specific information on the current status of the T/TA delivery system, topics on present T/TA benefits and unmet T/TA needs were addressed. Data was gathered on exactly what resources are utilized by the local programs in order to get T/TA. The findings were generally that the grantees sampled tend to get equal parts of their total T/TA from national, regional, and non-Head Start sources. The fact that there seems to be a rather balanced distribution of T/TA from these three sources is in itself noteworthy. What is also notable is that local programs seem to receive as much T/TA from non-Head Start sources as they do from either national or regional providers. This phenomenon suggests that apparently local programs are quite resourceful in soliciting free T/TA services from their community resources and that community agencies or organizations are quite willing to donate their expertise to Head Start grantees. It is a most encouraging finding.

Providers at all three levels were asked about resources they had available and how they used them. Resources as a term here in the context of providers is being used differently than it was in the context of Head Start staff. T/TA providers are a resource for Head Start staff. But providers also have their own resources from which to draw, e.g., how they organize their time to serve the client, specific areas of expertise they have, etc. Regarding the use of time, 32.0% of the national providers, 53.0% of the regional, and 17.0% of the local reported that they followed some pre-set formula so as to utilize better their time resources. Regarding their subject-matter expertise, the categories of T/TA they reported providing most frequently across all three levels were education, parent involvement, and handicapped. Performance standards T/TA was mentioned very often on both the national and regional levels. More will be said on content areas of T/TA below (D5 and D6).

D3. Supportive, or alternative, resources for T/TA was another topic on which data was collected. Regarding the support and cooperation from local community leaders on T/TA matters, 60.0% of the local program people interviewed rated it very positively (a great deal and quite a bit), as did 70.0% of the leaders themselves. One-half of the community leaders sampled reported having some official connection with their local Head Start, e.g., serving on the Policy Advisory Council. Both of these findings reinforce that reported in D2, namely, that local grantees are receiving large amounts of T/TA help from their community leaders and the organizations which they lead. A bivariate analysis of these data showed that the more help a respondent reported receiving from supportive resources, e.g., community agencies, the more satisfied with overall T/TA received that person tended to be. Similarly, the impact perceived from all T/TA was greater among those who received more help from supportive resources than those who did not. A corollary to this finding is that if a local grantee is active in soliciting T/TA from supportive community resources, that grantee is probably more knowledgeable about T/TA matters generally and therefore more appreciative of any additional (donated) T/TA service. Very possibly these same grantees are good managers of T/TA from any source.

On the subject of parents as a supportive resource in T/TA matters for a local Head Start program, 53.0% of the local program people and 56.0% of the community leaders interviewed rated their support and cooperation very positively (i.e., either excellent or very good). This rating is down somewhat from that given to the community leaders, but still shows how much help apparently is given by parents to local programs on T/TA matters. The rating also suggests on-going success is being achieved by Head Start in its mandate to involve parents in its programs.

D4. The amount of T/TA to various target groups, i.e., administrators, coordinators, teachers, teacher aides, support staff, parents, and others in the local program, merited particular focus. On every level, national, regional, and local, and among both program people and providers interviewed, there sur-

faced an overwhelming unanimity of opinion that all target groups need more T/TA. This consensus of opinion was highest, however, for parents, coordinators, and administrators, and in that order. These data relate to and support those mentioned in D1, namely, that the vast majority of local program interviewees want more T/TA money available.

Local program directors cited staff turnover 85.0% of the time as a factor necessitating some additional T/TA. This frequency, of course, has a positive aspect, i.e., presumably some of those staff who have previously benefitted from T/TA services are able to parlay them and their whole Head Start experience into a better job opportunity. Our study yielded no data on this phenonmenon; we are only theorizing when suggesting this explanation

D5. As mentioned earlier, content areas of T/TA would be more amply discussed. Recall that the most frequently offered categories of T/TA were education, parent involvement, handicapped services, and performance standards. Other data gathered showed the negative aspect of this topic, i.e., those content areas overlooked or inadequately covered. Handicapped services T/TA was most frequently mentioned among all respondents as being inadequately covered, suggesting that even though it is a subject being addressed mightily, it is still needs further attention. This situation has a positive aspect to it, in that obviously Head Start has succeeded in establishing its commitment to the handicapped as a very high priority. Other content areas that were mentioned frequently as being overlooked or inadequately covered were management and administration, parent education (which confirms the finding cited earlier that all respondents feel more T/TA for parents is needed), health services, social services, interpersonal or group dynamics, and child development/psychology.

D6. Three special content categories of T/TA were examined somewhat more in-depth at the suggestion of National Headquarters officials: nutrition, psychological services, and handicapped. Local program respondents were asked how much need they had for additional T/TA in these three areas. Seventy percent (70.0%) said either "some, quite a bit, or a great deal" of additional

T/TA was needed in each of the three areas. Considering just the two responses "quite a bit and a great deal," more distinct variations appear, however: 49.8% gave those two answers fro handicapped T/TA still needed; 43.0% for psychological services T/TA; and 32.0% for nutrition T/TA.

Regarding handicapped services T/TA, particular subcategories were mentioned as requiring additional T/TA. They included general handicapped training (working with handicapped; identifying and screening handicapped; and developing and getting resources and services), specific handicapped training (mental retardation, learning disabilities, emotional disturbances, speech defects, physical handicaps, etc.) and needs of others training (parents, staff, non-handicapped peers, community, etc.).

Specific resouces that could be tapped in order to meet these needs, according to the local program interviewees, included, in order of frequency of response, community agencies, universities or colleges, and regional providers.

Problems encountered in trying to identify and incorporate handicapped children into local Head Start programs grouped into these clusters: lack of support and supplies, untrained staff, parental difficulty in acceptance of the handicapped child, teaching conditions, and recruitment problems resulting from geographic isolation. All throughout this examination of the special circumstances surrounding handicapped services T/TA for Head Start, a constant refrain was that additional T/TA is definitely needed in order to perform more effectively the task of serving the handicapped.

Excellence of T/TA

E1. There are two indicators of excellence that we considered: quality and effect. Both were given discrete consideration, on the theory that quality T/TA does not necessarily result in effective T/TA, and vice versa. One measure of T/TA quality utilized was the level of satisfaction with T/TA received. The overall level of satisfaction seemed quite high, i.e., normally in the

ninth or tenth deciles. Considering "very satisfied and satisfied" responses together, regional providers had a 92.2% response rate; local providers, 87.5%; national providers, 85.3%; community leaders, 82.8%; and local program directors, staff, and parents, 81.5%.

The regional providers rated satisfaction with their own T/TA more highly than did the national or local providers. Granted the rating of satisfaction by providers themselves could be self-serving, it still is apparent that the regional providers tend to be the most satisfied. This collective perception corresponds to data presented earlier about T/TA management indicating that the Regional Offices seem to do a good job of managing their providers. In other words, good management is resulting in high satisfaction when the T/TA is finally delivered.

A second measure of quality of T/TA was in certain key elements of T/TA presentation, i.e., preparation, familiarity with Head Start purposes and needs, appropriateness of presentation, thoroughness of subject knowledge, ability to meet needs of and communicate with participants, appropriate materials and techniques, follow-up, evaluation, and sensitivity to needs of the poor. National providers tended to rate themselves "normal" on all elements, using a predetermined rating system (4,3,2, or 1, 4 being the best); regional providers tended to rate themselves above the "norm" on all elements; and local providers, like their national counterparts, usually scored around the "norm."

Bivariate analysis of these data from local program respondents showed that there is a positive relationship between high ratings on these elements and high satisfaction (very satisfied) with overall T/TA. Conversely, the lower the ratings given on these key elements by a given respondent, the more dissatisfied that same respondent tended to be overall with T/TA.

Local program people rated their satisfaction with T/TA in three special categories as follows: for nutrition T/TA, 69.9% very satisfied/satisfied; handicapped services T/TA, 58.2%; and for psychological services T/TA, 55.3%. These percentages indicate that the latter two categories are in need of more attention than the first.

On the matter of satisfaction with various sources of T/TA, these same local level respondents reported being satisfied or very satisfied in the following frequencies:

national providers	76.5%
regional providers	83.8%
local providers (PA 20 funds)	95.5%
local providers (program funds)	90.9%
non-Head Start sources	93.8%

These figures show that the closer to the local level the source of T/TA is, the greater the percentage of respondents expressing satisfaction. Also they show that non-Head Start T/TA sources are providing highly satisfactory services.

E2. Another component of excellence is T/TA effect. A measure of effect was the amount of impact perceived by various respondents. The overall level of perceived impact seemed quite high. Considering the answers "a great deal, quite a bit, and some" (on a scale of "a great deal, quite a bit, some, a little or none), the frequencies of response for each category of respondents were these: 92.3% of the regional providers; 85.0% of the local program people; 79.2% of local providers, and 76.5% of national providers. As was the case with satisfaction ratings (E1), regional providers rated themselves more highly in terms of T/TA impact than did national or local providers. Once more, the data indicating that regional providers are well managed comes to mind when examining these findings on impact. There seems to be a constant pattern throughout the topics addressed in this evaluation suggesting that the best-managed Head Start providers are on the regional level and now another noteworty corollary can be found here, i.e., they are also the group of providers that collectively perceive their impact to be the greatest as a result of T/TA they deliver.

A second measure of effect of T/TA was in certain key characteristics of the delivery of T/TA, i.e., completeness, practicality, informativeness, and timeliness. Considering national, regional, and local providers, more respondents in each category gave high ratings to two characteristics, practicality

and informativeness, than to the other two characteristics, completeness and timeliness. These ratings indicate areas in which T/TA may be improved to strengthen impact. If the T/TA can be made more complete and timely, then greater impact is likely to occur. The regional providers, following what by now is a very familiar pattern, tended to rate their T/TA much more favorably than either the national or local providers rated theirs.

Both the local program people and the community leaders consistently gave similar answers--still another, albeit very indirect, indication of the apparent close relationship between the two groups on matters involving T/TA. More importantly, their answers confirm the view of all provider respondents that complete and timely T/TA is more difficult to deliver, but when accomplished results in greater impact on the program.

Another noteworthy finding among these data was that, as a rule, T/TA delivered to parents--as opposed to either the staff or the program considered as a whole--was rated lower in terms of all four key characteristics. This information relates closely to that revealed above in D4 about how parents were regularly perceived to be a target group that needed more T/TA.

A bivariate analysis of these data showed that there is indeed a positive relationship between high ratings on these four key characteristics and high impact perceived resulting from overall T/TA.

DF. Several factors comparing direct-funded programs to non-direct-funded programs were examined. On the matter of satisfaction with overall T/TA received there seemed to be no notable differences between respondents from the nine direct-funded programs and those from the other 21 programs in our sample. However, on the matter of impact perceived from T/TA, more respondents associated with direct-funded programs (70.4%) reported that the impact of T/TA was great than did those associated with non-direct-funded programs (53.9%). This, of course, seems to be the most important place to look for a comparison, i.e., the effect that T/TA is having. The data suggest strongly that a greater effect results from T/TA that is directly purchased by a local program. This

finding relates closely to that in E1 showing that the closer to the local level the source of the T/TA, the greater the chances for satisfaction with overall T/TA by local program people.

Similar results were obtained when analysis of other measures of T/TA effect, i.e., the key characteristics described in E2 (complete, practical, informative, timely), was undertaken.

IV. RECOMMENDATIONS

Up to this point in this Final Report, KAI has presented the data collected on T/TA and isolated for the benefit of the reader the salient findings and conclusions that surfaced in the data. The thrust of our efforts in Chapter III was to be objective, i.e., to display the data and let it speak for itself. In this Chapter, we are presenting for consideration by OCD officials some pertinent recommendations we believe can justifiably be made in light of the findings and conclusions. These recommendations are subjective on our part and may not be the same ones other readers of the data would make. We offer them, however, as interpretive judgments which OCD can consider in determining their future T/TA management activities.

First, there is much about which Project Head Start should be elated. For example, its local programs (judging by our sample) seem to be doing a phenomenal job of getting T/TA services donated by their community resources. This finding suggests a very strong impact has been made by local programs on their communities (as was verified by KAI five years ago in its National Survey of the Impacts of Head Start Centers on Community Insitutions) and that a very positive and cooperative relationship exists between grantees and community resources.

Second, regional providers of T/TA as a group (again, judging by our sample) seem to be well coordinated and delivering T/TA that is quite excellent. Discounting the fact that part of the basis for saying this is the testimony of regional providers themselves, it still can be stated that the regional-level providers tended to compare very favorably to the national and local ones in terms of how they were managed, how they delivered T/TA and the excellence of the final product. This finding is one for which, no doubt, both the National and Regional Offices deserve a share of the credit. In spite of all the friction over the past several years regarding Regional T/TA Plans demanded by the Headquarters, the end result apparently has been a good one.

The recommendations set forth here will follow the basic topical format of Chapter III on Findings and Conclusions:

M1. Regarding the setting of national objectives it seems imperative that OCD HQ devise a mechanism that "institutionalizes" or makes fore formal the processes for gathering input on and setting up annual objectives. This mechanism should then be articulated to both national and regional level personnel so that they know exactly how to feed into the process if they so desire. Further refining and articulation of the mechanism should take place in order to maximize local level input. This will ultimately aid the entire T/TA system, even though the inpact of such a recommendation obviously transcends T/TA matters.

M2. Numerous policy and guidance issues were mentioned as needing updating or initial attention. Granted, much has been accomplished in the past several years for which OCD HQ deserves enormous credit, but much still remains to be done. The Revised Head Start Manual seems to be grossly overdue; its publication would presumably resolve many questions that currently are unanswered. Failing the publication of the Manual in the near future, another solution to the problem of needed policies would be individual issuances on the most pressing subjects.

On the subject of the Annual Regional T/TA plan mandated by OCD Headquarters, may problems cited by the Regional Offices, e.g., a new format every year, too much information required, etc., apparently have been alleviated as a result of the FY 76 policy issuance. It still remains to be seen, however, whether the current policy will function well over a period of years or whether it will become outmoded next year and need refinement or replacement. This uncertainty seems reasonable given the fact that Project Head Start is really only beginning the process of decentralizing its T/TA program and the transition period is bound to be one filled with tension. The current tension seems to be not entirely a bad thing, in as much as there is abundant evidence that the T/TA being delivered by the regional providers as a consequence of the Regional T/TA Plans is quite effective. Therefore our recommendation would be not to discount the value of the T/TA planning processes that have been carried out by the regions over the past several years in complinace with National Office mandates. The national OCD ought to pursue even more diligently

a balance that allows the OCD Headquarters to coordinate all T/TA in accord with established goals and objectives, and, at the same time, enables each individual Region to plan its own T/TA program with the maximum amount of autonomy.

M3. As far as needs assessment and T/TA planning is concerned, it seems that the National office should reconsider its role in these matters. Is its role only secondary or after-the-fact as many central office staff maintained? What needs are being addressed when national providers are hired? On what basis have those needs been determined? Why do national providers tend to feel much more involved in these needs assessment and T/TA planning processes than do OCD officials? Even if OCD's role is to be only secondary, i.e., to collect data gathered at the regional and local levels, what mechanisms does it have in place to integrate these data and make appropriate decisions for the total T/TA program based on the data? KAI would recommendthat these kinds of questions be addressed by OCD officials as it reconsiders its role in needs assessment and T/TA planning processes. KAI would also recommend that a comprehensive Management Information System (MIS) be considered as one possible mechanism to aid in the overall tasks of needs assessment and T/TA planning.

There appears to be concurrence at both the regional and local levels among program personnel and providers as to what their roles are vis a-vis needs assessment and how well those roles are being fulfilled. What remains to be done, however, is to refine and perfect the tools used for the assessing of needs. Apparently a number of excellent assessment tools are available, such as those, among others, in Regions II, IV, and X. But whether or not they are all readily available to interested parties is dubious. Even if the various tools were used only as guidance resources, a wider distribution of them would be very beneficial.

M4. Provider selection is a process that needs regular reexamination to prevent complacency among Head Start staff regarding the providers they are utilizing to deliver T/TA. Constant refining and improving of the criteria

followed for selection purposes and continual building of safeguards to preserve a process that encourages the choosing of providers most able to meet the specific needs of a given consumer group are two obvious things that can be recommended in this area.

Local level respondents seemed woefully unaware (70% of them) of the procedures followed by their Regional Offices in selecting providers to serve their region. It would seem advantageous for the Regional Offices to not only apprise their local programs of their provider selection procedures, but also to invite them to participate in them as appropriate. Recall that a positive relationship was found to exist between familiarity with the regional selection processes and overall satisfaction with T/TA.

M5. The essential recommendation regarding provider control is serious consideration of a comprehensive management information system that would integrate data on all facets of the T/TA program at the national, regional, and local levels. Such a system would provide for retrieval of data at any given time to meet a multitude of needs, from satisfying Congressional information requests to preparing for the formulation of national Head Start objectives; from the coordinating of needs assessment and T/TA planning activities at the national, regional and local levels to the tracking of monitoring, reporting, and evaluation results from various T/TA activities.

This recommendation need not lead back to centralized control of the nearly $20 million annual T/TA budget at OCD Headquarters. On the contrary, it would enable the central office to coordinate the total T/TA program more effectively, the regions to continue to plan and implement their own T/TA programs autonomously, and the local programs to operate more efficiently.

Another recommendation on this topic is that OCD HQ devise a more coordinated system for control of the national providers. Steps in the direction of a better system might well include more standard reporting and evaluation mechanisms for project officers who act as liaison to national providers, and better integration of efforts carried out by separate divisions, e.g., PD&I, CDTA, PMD, in relation to national provider control.

M6. Concerning evaluation of T/TA, our basic recommendation is to do more of it. Granted, this effort would require time and money, however, additional evaluation would force the T/TA managers, providers and recipients to be more concerned about the impact of T/TA.

At the national level there appears to be no uniform system for a) evaluating national providers; or b) collecting evaluation data on regional and local providers. We suggest that responsibility in the central office for both these activities be assigned clearly. Those responsible should devise adequate policy and guidance covering evaluation procedures and then articulate those procedures effectively to the involved personnel at the national, regional, and local levels.

D1. Regarding satisfaction with T/TA dollars, all categories of respondents manifested considerable dissatisfaction. There are valid reasons for this. Our study uncovered strong data showing that certain target groups are not getting sufficient T/TA and that specific content areas are not being adequately addressed. Accordingly we recommend that OCD officials give consideration to possible ways to provide additional financial support for the Head Start T/TA program.

D2. On the topic of utilization of resources in matters relating to T/TA, KAI's study uncovered evidence of strengths in all facets of the delivery system employed by national, regional, state, and local Head Start personnel. Therefore, we do not intend to recommend that any one piece of the overall delivery system be scuttled. On the contrary, the various national, regional, state, and local T/TA resources on the whole serve discrete and valid functions and tend to complement one another.

Our finding on this topic of resource utilization should be reiterated here: the closer the source of T/TA is to the local level, the greater the satisfaction with overall T/TA by local program people. This finding leads us to recommend that OCD continue to provide mechanisms, such as direct-funding, which will enable local programs to have effective access to T/TA resources.

Still another finding of note was that local programs sampled seem to have a good balance of T/TA services from national, regional, state, local, and non-Head Start resources. We cite this as further buttressing for our suggestion that all levels of the overall T/TA delivery system for Project Head Start be maintained. However too much emphasis on any one resource, to the extent that other T/TA resources are minimized, does not at all seem justified according to our data.

D3. As mentioned in the introduction to his chapter local programs apparently are doing a phenomenal job of getting T/TA services donated by supportive resources, such as their community agencies and organizations. We recommend that OCD officials look into this phenomenon further and investigate possible ways to further capitalize on the apparent rapport existing at the local level between the grantees and their communities.

Our data on this topic also showed that local Head Start programs are receiving substantial help in T/TA matters from the parents of enrolled children. We therefore recommend that OCD officials also look for additional ways to capitalize on the resources of parents - a suggestion certainly in line with Head Start's committment to parent involvement.

D4. In regard to the topic of target grouns, parents are again the appropriate focus of dicussion, because they ranked first as a category of persons in need of additional T/TA. They were followed, in order, by coordinators and administrators. All target groups moreover (i.e., the above three, plus teachers, aides, and support staff) were clearly perceived by our respondents to need additional T/TA; no target group was reported to need less T/TA. Therefore we recommend that Head Start officials and staff work to devise ways to improve the coverage of T/TA across all appropriate target groups.

D5. Regarding content categories of T/TA KAI collected data showing that the most frequently offered categories were education, parent involvement,

handicapped services, and performance standards. We also found that handicapped services T/TA was most frequently mentioned as an inadequately covered category, indicating that even though it is a subject being addressed nightly, it still needs further emphasis. Other content categories mentioned often as being either totally overlooked or inadequately covered were management and administration, parent education (which parallels the finding cited earlier about parents as a target group needing more T/TA), health services, social services, interpersonal or group dynamics, performance standards, and child development/psychology. We recommend to OCD, as a result, that appropriate steps be taken to fill these gaps in T/TA content categories.

D6. So far as special categories of T/TA are concerned, i.e., nutrition, psychological services, and handicapped, KAI gave special emphasis to these in response to suggestions from OCD HQ officials. The data indicate that a high need exists for T/TA in these three special areas and that the need is, comparatively, most for handicapped (which parallels the finding cited in the previous section) next for psychological services, and last for nutrition services. One-half to one-third of our sample perceived their needs as high in each of these three special categories. Accordingly KAI recommends to OCD that an effort be made to fill these special unmet needs.

E1. Data from the topics relating to T/TA excellence (quality and impact)
E2. have been used to support recommendations made about the T/TA management and delivery systems. No specific recommendations on these topics will be made.

DF. On the topic of direct funding of local programs to purchase their own T/TA, KAI's study uncovered strong evidence showing a positive relationship between direct-funding and perceived impact of overall T/TA. This finding indicates it has been very effective. Any decision to expand the practice of direct-funding, however, necessarily must take into consideration other issues, some of which have been touched on in this evaluation and some of which have not.

A local grantee must have the capacity both to assess needs and to plan for a T/TA program. It must further possess commensurate skills in other areas of T/TA management. It must, for example, be able to identify and recruit appropriate T/TA resources that fit its financial framework and fulfill its T/TA needs. The implication here is that grantees will always need more T/TA than is available to them via direct-funding. Grantees must be able to depend upon state, regional and national resources for T/TA services.

It is also safe to assume that in some cases direct-funding for purchase of T/TA is not going to be the most cost-efficient. This situation would likely exist in rural areas or with regard to highly specialized forms of T/TA. In cases such as these, a broader state and/or regional system seems appropriate. Hence KAI recommends that OCD retain the direct-funding mechanism as a valid and viable option for delivering T/TA but be judicious in the selecting of the option.

Lastly, we have a recommendation on the dissemination of this Final Report. Since this document contains, but does not isolate for ease of review, much data on strengths and weaknesses of the seven case study regions, we suggest that a series of subsidiary reports be prepared, one for each individual case study region, utilizing data contained in this Report that is presently organized by topic and not by region. This dissemination procedure would help the regional office staff focus on the findings directly relevant to their operation. We also suggest that ways be considered to disseminate the results of this study to the local program level as well.